Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	8-1-08	Address:	1903 PLANTA ITAN ES.
Case #:	<u>35</u> F2802 1		EJANGERULE IN
County:	Vanderburgh		
Operation	aboratory Scizure (check one) onal Lab al/Glassware/Equipment (only) te (only)	Seizure Location (Residence Outbuilding Vehicle	check all that apply) Hotel/Motel Open – No Structure Other:
Check all the Lithium Red Photo Flamma Water R Anhydrod Hydrock Corrosiv	nd: Location (bedroom, kitchen, open a pat apply) /Ammonia Reaction(s): osphorous/lodine Reaction(s): oble Solvents: Div WA? Reactive Metal (Lithium): Dive WA ous Ammonia: nloric Acid Gas Generator(s): ve Acid: Dive WA ve Base: tem and location):		
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services This report is to be faxed to the following agencie		Investigative Information Ephcdrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other: Campalian James Company C	
	ment: Evansville FD	Fax; 435-0	
•	artment: Vanderburgh Co.	Fax: 435-5	5612
•	<u></u>	Гах:	_
Cilia Protei	ction Service:		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trp. Doug Humphrey</u> Phone <u>812 867 2079</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department fisted within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.